

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155459		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 05/09/2011	
NAME OF PROVIDER OR SUPPLIER  HICKORY CREEK AT NEW CASTLE				STREET ADDRESS, CITY, STATE, ZIP CODE 901 N 16TH ST NEW CASTLE, IN47362			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 05/09/11</p> <p>Facility Number: 000341 Provider Number: 155459 AIM Number: 100286550</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Hickory Creek at New Castle was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and single station smoke detection in all resident sleeping rooms. The facility has</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0029 SS=F	<p>a capacity of 38 and had a census of 30 at the time of this visit.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 05/11/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure the 2 of 6 hazardous areas, such as a laundry room and kitchen, were provided with a smoke resistant self closing door. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on observation on 05/09/11 during a tour of the facility from 8:35 a.m. to 11:00 a.m. with the maintenance supervisor, the kitchen and the laundry</p>			K0029	<p>CORRECTION: OUR FACILITY IS LICENSED FOR 36 BEDS This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at New Castle desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on 5-27-11. K 029 It is</p>		05/27/2011

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	room doors failed to self close and latch in the door frames leaving a one inch to three inch gap. This was verified by maintenance supervisor at the time of observations.  3.1-19(b)				the policy of Hickory Creek atNew Castle to assure that the doorsare automatically self-closing accordingto NFPA 101 Life Safety Code 19.3.2.1 <i>How will corrective action be taken?</i> SafeCare, our fire alarm vendor,is scheduled to replace the automatic self closing door to the kitchen on 5-24-11and maintenance has already replaced the door closure to the clean laundry room .5-24-11 <i>How will Hickory Creek at New Castle identify others affected by the alleged deficient practice?</i> Although all residents could have beenaversely affected, no resident was harmedas a result of this deficient practice. <i>What measures will Hickory Creek at New Castle put into place so the alleged deficient practice will not recur?</i> The Maintenance Director willcheck monthly, during routinepreventative maintenance rounds to see that all doors will latch and/or self-close into the door frames. These checks will be documented on the preventativemaintenance form and turned into theAdministrator for review. <i>How will Hickory Creek at New Castle monitor its corrective actions?</i> The Administrator will monitormonthly by review of the routinepreventative maintenance roundsform and routine rounds to assurethat all doors latch and/or self- close into the door frames and meet the applicable		

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K0052 SS=F	<p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>Based on observation and interview, the facility failed to provide a fire alarm system trouble signal in a location likely to be heard by facility staff in accordance with NFPA 72 the National Fire Alarm Code. NFPA 72, 1-5.4.6 requires trouble signals to be located in an area where it is likely to be heard. NFPA 72, 1-5.4.4 requires fire alarms, supervisory signals, and trouble signals to be distinctive and descriptively annunciated. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on an observation and fire alarm testing with the maintenance supervisor on 05/09/11 at 10:45 a.m., when the automatic dialer component was placed in trouble from phone line failure for fifteen minutes, there was no local trouble signal initiated at the digital dialer box located in the fire alarm system panel at the main nurses station. This was verified by the</p>			K0052	<p>requirements of the Life Safety Code. <i>Completion Date:</i> May 27, 2011</p> <p>CORRECTION: THIS FACILITY IS LICENSED FOR 36 BEDS. This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Hickory Creek at New Castle desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on 5-10-11. K 052 It is the policy of Hickory Creek at New Castle to assure that the fire alarm system is installed with approved components, devices or equipment and meets the requirements of NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. <i>How will corrective action be taken?</i> SafeCare, our fire alarm vendor, sent technician 5-10-11 who repaired digital dialer box connected to the phone lines; to</p>		05/10/2011

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K0062 SS=E	maintenance supervisor at the time of fire alarm system testing.  3.1-19(b)			ensure that the fire alarm panel box would signal trouble alert, if there was a disruption of the phone service to the alarm system. <i>How will Hickory Creek at New Castle identify others affected by the alleged deficient practice?</i> Although the potential existed, no residents were adversely affected by this alleged deficient practice. <i>What measures will Hickory Creek at New Castle put into place so the alleged deficient practice will not recur?</i> During the monthly fire drill tests, the Maintenance Director will check the digital dialer box to assure that it is working properly. This check will be documented on the fire drill report which will be turned into the Administrator. <i>How will Hickory Creek at New Castle monitor or its corrective actions?</i> The facility Administrator, monthly, will review fire drill reports to verify that the dialer was checked and is working properly and meets the applicable requirements of the Life Safety Code. <i>Completion Date:</i> May 10, 2011			
	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was maintained in accordance with NFPA 13,		K0062	CORRECTION: THIS FACILITY IS LICENSED FOR 36 BEDS This Plan of Correction constitutes the written allegation of compliance for the deficiencies		05/27/2011	

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	<p>1999 Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 requires sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect 18 residents who reside in the North Hall.</p> <p>Findings include:</p> <p>Based on observation on 05/09/11 during the tour from 8:35 p.m. to 11:00 a.m. with the maintenance supervisor, the boiler room had four areas where electrical conduit and telephone lines were tied to the sprinkler piping with zip strip plastic ties. This was verified by the maintenance supervisor at the time of observation.</p> <p>3.1-19(b)</p>				<p>cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.</p> <p>Hickory Creek at New Castle desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective on 5-27-11.</p> <p>K 062</p> <p>It is the policy of Hickory Creek at New Castle to ensure that the automatic sprinkler system is maintained in accordance with requirements of NFPA 13, 1999 Standard for the Installation of Sprinkler Systems.</p> <p><i>How will corrective action be taken?</i></p> <p>Maintenance shall have all electrical conduit and telephone lines that were affixed to sprinkler piping with zip strip plastic ties in the boiler room removed by 5-27-11.</p>		

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					<p><i>How will Hickory Creek at New Castle identify others affected by the alleged deficient practice?</i></p> <p>Although the potential, existed no residents were adversely affected by this alleged deficient practice.</p> <p><i>What measures will Hickory Creek at New Castle put into place so the alleged deficient practice will not recur?</i></p> <p>Maintenance will check any future updates in wiring noting that all changes comply with the requirements of NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. This check will be completed before the contractor leaves the property and noted on the work order or invoice.</p> <p><i>How will Hickory Creek at New Castle monitor its corrective actions?</i></p> <p>After any future repairs the Administrator and Maintenance will inspect the area to determine that no wiring was attached to the sprinkler piping.</p>		

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K0144 SS=F	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop switch in a location remote from the emergency generator. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents in the facility.</p>			K0144	<p><i>Completion Date:</i></p> <p>May 27, 2011</p> <p>CORRECTED: THIS FACILITY IS LICENSED FOR 36 BEDS This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of the plan of correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state and federal law. Hickory Creek at New Castle desires this Plan of Correction to be considered the facility's Allegation of Compliance. Compliance is effective 6-07-11. K 144 It is the policy of Hickory Creek at New Castle to assure that the generator meets the requirements of NFPA 110, Standard for Emergency and Standby Power Systems, NFPA 110, 1999 edition to ensure generator to be equipped with a remote manual stop switch in a location remote from the emergency generator. <i>How will corrective action be taken?</i> Contracted generator vendor to install a remote manual stop switch in a location remote from the</p>		06/07/2011



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	Findings include:  Based on observation on 05/09/11 with the maintenance supervisor at 10:20 a.m., the emergency generator had a manual stop switch mounted directly on the front of the machine where the gauges and start switch was located. Based on an interview with the maintenance supervisor on 05/09/11 at 10:30 a.m., the generator set was installed in November 2003 and a remote stop switch was added on the generator set but was not installed in a remote location.  3.1-19(b)				emergency generator. <i>How will Hickory Creek at New Castle identify others affected by the alleged deficient practice?</i> This process was done throughout the nursing home as all residents were affected. <i>What measures will Hickory Creek at New Castle put into place so the alleged deficient practice will not recur?</i> In the event that any future updates with new generators are made, Hickory Creek at New Castle will make certain that any changes will comply with the requirements of NFPA 110, Standard for Emergency and Standby Power Systems, NFPA 110, 1999 edition. <i>How will Hickory Creek at New Castle monitor its corrective actions?</i> The Maintenance Director will monitor any addition of new generator at the facility. The facility Administrator will have the over all responsibility to ensure that any change will comply with the requirements of NFPA 110, Standard for Emergency and Standby Power Systems, NFPA 110, 1999 edition <i>Completion Date: June 07, 2011</i>		